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APPLICANTS

Ajay Gupta, Cerritos, CA;

** CONTINUING DATA ***** /JF/

** FOREIGN APPLICATIONS ***** /JF/

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Met after Allowance			
Verified and /JONATHAN M FOHMAN/ Examiner's Signature	Initials	CA	6	54	7

ADDRESS

PRICE HENEVELD COOPER DEWITT & LITTON, LLP
 695 KENMOOR, S.E.
 P O BOX 2567
 GRAND RAPIDS, MI 49501
 UNITED STATES

TITLE

Method and combination electronic communication and medical diagnostic apparatus for
 detecting/monitoring neuropathy

FILING FEE RECEIVED 863	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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